News At Nine

A 1998 Navy Chief of Information Merit Award Winning Publication

TRICARE Southern California

Spring 2001 ***TRICARE - Your Military Health Plan*** ***Vol. 6 Issue 1***

MENS BREAST HEALTH

Fact: Breast cancer occurs primarily in women, but occasionally in men. Many people do not realize that men have breast tissue, and that it's possible for them to develop breast cancer. Like all cells of the body, a man's breast duct cells can undergo cancerous changes. Because women have many more breast cells than men do, and perhaps because their breast cells are constantly exposed to the growth-promoting effects of female hormones, breast cancer is much more common in women. About 1,400 cases of breast cancer and 400 deaths are expected to occur among men in the United States in 2001, accounting for about 1% of breast cancer incidence and mortality. Even though men are at low risk of developing breast cancer, they should be aware of risk factors, especially family history, and report any change in their breasts to a physician.

Male breast cancer is rare, accounting for less than 1% of all cases of breast cancer. The average age of men who are found to have breast cancer is between 60 and 70 years of age, although men of all ages can develop breast cancer. Risk factors for male breast cancer appear to include exposure to radiation, the administration of estrogen (a hormone), and diseases associated with hyperestrogenism (producing too much estrogen), such as cirrhosis (liver disease) or Klinefelter's syndrome (a genetic disorder). Male breast cancer tends to run in families, with the risk of breast cancer increasing in men who have multiple female relatives who have had breast cancer.

*See **Breast Health**, page 6*

Breast Cancer Not Gender-Biased

By Mary Pearman
Photo by Ruth Kadlec

Edie and James Harmon posing for Survivor Wall display.

Challenges come in threes. If this ages-old saying is true, then James Harmon is a living example of that. He is also an extremely interesting individual.

Challenge number one began on 19 May 2000. That was the day that his wife, Edie found a lump on James' Chest and knew that it had to be checked out. They made the two-hour drive in from their desert home east of San Diego on 22 May for an appointment with Dr. Harry Ko at the Branch Clinic at the San Diego Naval Training Center.

Dr. Ko examined James and then initiated his entrance into the ever-growing ranks of breast cancer survivors. The doctor had James

*See **Not Gender-Biased**, page 5*

Inside This Issue

3 From the Lead Agent

4 Contractor's Corner

5 TRICARE Program Helps Realize Potential of Disabled

6 Debt Collection Assistance Officer Program Assists With Credit Problems

9 San Diego's Breast Health Center Wins Award

9 TRICARE-for-Life Will Be Boon For Older Vets

12 Prescriptions While Traveling

13 Mail Order Pharmacy Benefit

14 Navy Researchers Have Ear of Worlds Leading Otolaryngologists

15 Spotlight On Military Treatment Facility, Los Angeles AFB

16 Departmental Focus: Telemedine And Technology Assessment Office

NEED TO CHANGE YOUR SUBSCRIPTION?

New Address? Need more or fewer copies? Want an electronic version e-mailed to you? Change your subscription to *News At Nine* by calling 619.532.5439, or e-mail gdpenton@reg9.med.navy.mil

Office of the Lead Agent Key Points-of-Contact

Commercial: (619) 532- DSN: 522-

Director:	
CAPT Kristine Minnick, NC, USN	-5429
Secretary:	
Ms. Linda Wetteland	-5429
Admin	
HMCS (SW) Thomas Denny	-5321
Education and Planning:	
Ms. Martha DeMers	-9697
Public Affairs:	
LCDR Gary Penton, USN	-5439
Clinical Operations:	
CAPT Kathy Fischer, MC, USN	-5685
Analysis and Evaluation:	
Maj. Thomas Steinbrunner, USAF, MSC	-5432
Regional Operations:	
COL. Leland Jurgensmeier, AN, USA	-6199
Marketing:	
Capt. John Savage, USAF, MSC	-5431
Beneficiary Services:	
Ms. Jennifer Porter	-6171
Telemedicine and Technology Assessment:	
Lt. Col. Kerry Larson, USAF, MC	-9339
Resource and Contract Management:	
LCDR William Macchi, MSC, USN	-7165

News At Nine

Lead Agent: RADM Alberto Diaz, Jr., MC, USN
Director: CAPT Kristine Minnick, NC, USN
Public Affairs Officer: LCDR Gary Penton, USN
Visual Information Specialist: Mr. John Deleon

Naval Medical Center
TRICARE Region Nine, Suite 400
34960 Bob Wilson Drive
San Diego, CA 92134-6400

News At Nine is an official, quarterly publication of the Office of the Lead Agent, TRICARE Region Nine. Its purpose is to inform Region Nine military treatment facilities and support contractor staff about policies and items of interest regarding the TRICARE program. For submission guidelines, contact the PAO at (619) 532-5439 or DSN 522-5439.

From the Lead Agent

RADM Alberto Diaz, Jr., MC, USN

It is a wonderful year to be working for our TRICARE beneficiaries. After several years, and a lot of hard work and lobbying by many groups, our Congress has made several superb enhancements to the TRICARE benefit, and extended TRICARE to many in the military community, retired and active-duty alike.

Military retirees eligible for Medicare will now be eligible to participate in the program. Advocacy groups have argued successfully that these retirees were led to believe that they would receive free medical care for life in exchange for serving their country for a full career.

How could this have happened?

Nearly 8.3 million people are eligible to receive care through the military health system. In recent years, the U.S. military has dealt with new challenges to its organization and mission. The Base Realignment and Closure Commission (BRAC) closed many installations that were no longer needed for a smaller military force. Additionally, fewer men and women are on active duty. Along with fewer combat forces, there have been reductions in support forces, including physicians and other medical professionals. Though many military hospitals have closed and we now have fewer military medical professionals, the number of eligible beneficiaries has not decreased at an equal rate. After the base closures and associated personnel reductions, the demand for health care began to exceed our capacity to deliver quality healthcare to all eligible beneficiaries without extremely long waiting periods to receive care.

The Department of Defense's response to this challenge led to TRICARE. This plan offers beneficiaries options for their health care and moved a significant amount of the patient care to the civilian sector. A 1966 law, requiring retirees older than 65 and their dependents to rely on Medicare was also recognized, moving those retirees and their dependents under the Medicare umbrella. This created several hardships including coverage limitations and the necessity for the retiree to purchase and maintain supplemental insurance to cover expenses not covered by Medicare. The unintended message was that military health care was a slowly eroding benefit - a perception that recent actions by Congress could eradicate.

There is evidence that many military retirees have not yet heard the news that their benefits have been restored. To rebuild and maintain confidence in the military health system, and to contribute to the morale and retention of our highly qualified military medical personnel, the TRICARE marketing effort must be clear enough to reach the targeted audience.

At every level of the TRICARE organization, marketing efforts are in full swing to 'get the word out.' Though mass media does have an effect on people, individual attitudes and beliefs can best be attributed to 'face-to-face' interactions with other people. In addition to the normal unit briefings, press releases, and handing out brochures and flyers, I ask that everyone with experience or knowledge of the recent changes to TRICARE take the time to educate other beneficiaries in your communities at every opportunity.

It is truly a wonderful time in history to be working for our active duty and retired service men and women, and their families. It will only get better when all eligible beneficiaries are educated about their enhanced benefits and brought into the system.

Contractor's Corner

By Peter McLaughlin, FACHE

As we enter the new year, I would like to take this opportunity to bring our readers up to date on the progress we have made on two important initiatives during the past year, the TRICARE Senior Prime Demonstration Program, and the operation of the two TRICARE Outpatient Clinics at Chula Vista and Clairemont Mesa. While these two initiatives currently relate specifically to the San Diego catchment area, I believe that each offers valuable lessons for application throughout Region Nine as we prepare to meet new and exciting challenges during 2001.

Naval Medical Center San Diego (NMCSD) is one of six sites throughout the nation at which Medicare subvention has been evaluated by the Department of Defense and Department of Health and Human Services. Health Net Federal Services (HNFS) has worked in close partnership with the staff at Office of the Lead Agent (OLA), Region Nine and NMCSD to develop and implement this critically important program. Beginning in November 1998, military retirees and their spouses over the age of 65 who met specific eligibility requirements were offered the option to enroll in TRICARE Senior Prime (TSP) at NMCSD. In selecting this option, these seniors were enrolled to a Primary Care Manager at NMCSD, and were guaranteed access to needed medical services provided under the Medicare and TRICARE benefit programs.

With steady growth since November 1998, TSP enrollment at NMCSD reached over 4,700 members, as of December 2000. Members enrolled in TSP have voiced remarkably high levels of satisfaction with the quality of medical services provided and customer service delivered. And, throughout this same period, there have been many opportunities for us to learn and apply valuable lessons through our interactions with the other TSP sites, the TRICARE Management Activity, and the Health Care Finance Administration. With the recent TRICARE Program changes announced through the 2001 National Defense Authorization Act, and as we prepare to expand TRICARE eligibility to military beneficiaries over the age of 65, these experiences

will undoubtedly enhance our ability to serve this important segment of the retired population.

Another opportunity to apply lessons learned during the new year may be found in the continued growth in enrollment at the new TRICARE Outpatient Clinics located in Clairemont Mesa and Chula Vista. Following extensive planning and preparations by the OLA, NMCSD and HNFS team, the TOCs commenced operations at new locations in mid-December 1999. When they opened for business, the combined TICARE Prime enrollment at these two clinics numbered 26,411. A target was established to increase enrollment by 5,000 during the past year, and I am very pleased to report that this projection has been significantly exceeded. By 1 December 2000, the total TOC enrollment had grown to 35,048, an increase of more than 8,600 enrollees during the initial year of operation. Even more impressive is that the TOC enrollment now accounts for 44 percent of the Prime enrollees linked to NMCSD for their PCM care. Viewed from another perspective, 38 percent of all Prime enrollees within the San Diego catchment area are now linked to the TOCs.

As is the case at several of the regional MTFs, many of the PCM

Mr. Peter McLaughlin, vice president, TRICARE Operations, California, Health Net Federal Services.

portals at NMCSD have reached maximum capacity to enroll Prime beneficiaries. As a result, the TOCs have become increasingly important as PCM sites staffed by Resource Sharing providers, which may be further expanded to enhance the MTF's ability to enroll and care for Prime patients. With the additional TRICARE program changes anticipated this year this creative use of alternative resources may hold extremely valuable lessons for further application throughout Region Nine.

We at Health Net Federal Services eagerly anticipate the exciting challenges and opportunities that this new year will bring. And just as eagerly, my staff and I look forward to continuing our close working relationship with the Lead Agent and MTF Commanders and staffs to meet these challenges and maintain our reputation as the premier TRICARE region.

TRICARE Program Helps Realize Potential of Disabled

By Leslie Wehmeyer

Recognizing the potential of its workforce, the Department of Defense (DoD) continues to implement the latest technological applications to improve overall efficiency and productivity. For individuals with disabilities, technology is creating new pathways to accessing information.

The Computer/Electronic Accommodations Program (CAP) is a centrally funded DoD program activity in the Office of the Assistant Secretary Defense (Health Affairs), TRICARE Management Activity (TMA). One objective of CAP is to assist DoD components in providing assistive equipment and services for individuals with disabilities and support programs and activities that are required to be accessible to DoD employees and the members of the public. This program supports DoD goals of employing and retaining persons with disabilities, and complies with federal laws on computer and communication accessibility.

DoD employees with disabilities and DoD active duty members can request accommodations such as teletypewriters (TTYs), closed caption decoders and captioning for training tapes, Braille embossers, print enlargers, screen readers, ergonomically-designed keyboards and mice, and voice recognition systems.

The *CAP Technology Evaluation Center* (CAPTEC) is a facility where DoD employees and their supervisors can evaluate and become familiar with assistive technology. CAPTEC contains several computer workstations equipped with a wide variety of technologies designed to accommodate persons with disabilities. CAPTEC was established to facilitate the process of choosing appropriate equipment for employees with disabilities and their supervisors. CAP hosts demonstration days highlighting specific technologies throughout the year. CAPTEC is located in the Pentagon. For those who do not live in the Washington, D.C. metro area, CAP staff will provide a free copy of their program and technology demonstration videotape, "The Power to Excel," upon request.

CAP has streamlined the process for individuals with disabilities to identify and request accommodations. Choosing an appropriate assistive device or service is done on case-by-case basis. It is important to recognize that individuals with disabilities have different capabilities and varying degrees of disabling conditions. A needs-assessment is conducted to identify accommodations

Voice recognition systems allow users who cannot type to create memos, reports, and spreadsheets easily by speaking instead of typing.

*See **Realize Potential**, page 8*

Not Gender-Biased

continued from page 1

undergo a mammogram, an ultrasound, and evaluation by the Breast Health Center before they left that day and James was scheduled for surgery the following Monday.

The second challenge brings to mind another old saying that the best laid plans of mice and men are not always the best plan. One of the things the Harmons did upon hearing of the surgery was to start to get their house in order. They decided to carefully lock away power tools, paperwork, and personal items in their work shed before leaving for San Diego and the Saturday before the surgery, the shed caught fire and burned to the ground along with many of their precious personal items. Some of James' tools dated back to the early 1930s and were used by him and Edie to build their home in 1977. The fire also devastated a beautiful cactus garden that James had lovingly cultivated near the work shed.

The third challenge was that the first surgery was not successful in removing all of the cancer so, just days after the first surgery; James underwent a second operation to remove the remaining malignant tissue. This final surgery seems to have worked.

Although James and Edie have faced these and many other challenges, they have both persevered and thrived, thanks in no small part to the Breast health Center

*See **Not Gender-Biased**, page 8*

Debt Collection Assistance Officer Program Assists With Credit Problems

By Jennifer Porter

The new Debt Collection Assistance Officer Program (DCAO) is a program designed to assist the service member, retirees and eligible family members with TRICARE-related debt problems. The Debt Collection Assistance Officers are assigned to the Military Treatment Facility (MTF), and lead agent offices.

The DCAO is focused on bringing medical billing issues in collections to resolution quickly, and to ensure that service members and their families understand the process. There are many reasons why claims go to collections such as incorrect social security numbers, addresses, or miscoding of the provider rendered services. The purpose of this new program is to intercede and help the beneficiary in their negotiations with collection agencies, credit bureaus, and all agencies involved. In addition, this program provides a better understanding of the TRICARE Program and it's benefits.

When should a beneficiary contact a Debt Collection Assistance Officer? When a collection notice has been received. The DCAO will research the claim(s) history with the priority unit at the claims processor, and notify the beneficiary once the claim has been resolved. Written documentation will be provided to the beneficiary for assistance in removal of unwarranted adverse credit information arising from a TRICARE claim.

It is the goal of the DCAO to provide the best possible customer service to our service members, retirees, and eligible family members. The beneficiary may also call claims processors using the toll-free telephone number provided on the Explanation of Benefits. Or use the website www.mytricare.com. Additional information about TRICARE claims processing may be found on the Military Health System/TRICARE website at www.tma.osd.mil.

Get to know your Military Treatment Facility DCAO and tell that beneficiary with the debt collection issue that there is a specifically designated individual ready to assist, right around the corner.

Contact information for BCACs can be found on the TRICARE Home Page at www.tricare.osd.mil.

Breast Health

continued from page 1

The types of breast cancer found in men are similar to those seen in women. The most common type of breast cancer is infiltrating ductal cancer (cancer that has spread beyond the cells lining ducts in the breast). Intraductal cancer (abnormal cells found in the lining of a duct; also called ductal carcinoma in situ), inflammatory cancer (a rare cancer in which the breast looks as if it is inflamed because of its red appearance and warmth), and Paget's disease of the nipple (the tumor has grown from ducts beneath the nipple onto the surface of the nipple) have also been seen in men. Overall survival for men who have breast cancer is similar to that of women with breast cancer. Breast cancer in men, however, is frequently diagnosed at a later stage, affecting the likelihood of survival.

The following are the most common symptoms of breast cancer in men. However, each individual may experience symptoms differently. Symptoms may include breast lumps, nipple inversion, nipple discharge (sometime bloody,) a pain or pulling sensation in the breast The symptoms of breast cancer may resemble other conditions or medical problems. Consult a physician for diagnosis.

Types of Treatment

There are treatments for men with breast cancer. Four types of treatment are used:

- Surgery (taking out the cancer in an operation)
- Radiation therapy (using high-dose x-rays to kill cancer cells)
- Chemotherapy (using drugs to kill cancer cells)
- Hormone therapy (using drugs that change the way hormones work or taking out organs that make hormones, such as the testicles)

Surgery for men with breast cancer is usually a modified radical mastectomy (removal of the breast, the lining over the chest muscles, and sometimes part of the chest wall muscles). In addition, some of the lymph nodes (small organs that fight infection and disease) under the arm may also be removed and sent to a laboratory to be examined under a microscope by a doctor of pathology to see if the lymph nodes contain any microscopic cancer cells.

Radiation therapy is the use of high-energy x-rays to kill cancer cells and shrink tumors. Radiation will usually be given by a machine outside the body (external radiation therapy).

*See **Breast Health**, page 7*

Debt Collection Assistance Officer Program (DCAO) Region 9 - Southern California

Lead Agent Office (San Diego, CA)
Ms. Jennifer Porter
COMM: 619-532-6171
E-mail: jlporter@reg9.med.navy.mil

Edwards AFB
Ms. Lyn King
COMM: 661-277-2614
DSN: 527-2614
DSN Fax: 527-6591
COMM Fax: 661-277-6591
E-mail: lyn.king@edwards.af.mil

Integrated Support Center, San Pedro
CWO Kyle Andrich
COMM: (310) 732-7500
E-mail: not available as yet

Los Angeles AFB
Ms. Rosie Manning (primary)
COMM: 310-363-0261
DSN: 833-0261
DSN Fax: 833-1977
COMM Fax: 310-363-1977
E-mail: rosie.manning@losangeles.af.mil

TSgt Nicole McClain (secondary)
COMM: 310-363-0261
DSN: 833-0261
DSN Fax: 833-1977
COMM Fax: 310-363-1977
E-mail: nicole.mcclain@losangeles.af.mil

Naval Hospital 29 Palms
LTJG Jacqueline Civitarese
COMM: 760-830-2804
DSN: 957-2804
E-mail: j.civitarese@tnp10.med.navy.mil

Naval Hospital Camp Pendelton
HMC E. Custodio
COMM: 760-725-1436
DSN: 365-1436
E-mail: pen1aec@pen10.med.navy.mil

Branch Medical Clinic, Bridgeport
HM2 Mark Degeldere
COMM: 760-932-7761 ext. 255
DSN: 985-7255
E-mail: degeldereme@mtwc.usmc.mil

Naval Medical Center, San Diego
Mr. Charles Meeds
COMM: 619-532-5849
DSN: 522-5849
E-mail: cmmeeds@nmcsd.med.navy.mil

Vandenberg AFB
Ms. Bonnie Robles
COMM: 805-606-6785
DSN: 276-6785
DSN Fax: 276-4474
COMM Fax: 805-606-4474
E-mail: bonnie.robles@vandenberg.af.mil

Weed Army Community Hospital, Ft. Irwin
Captain Darren Loosle
COMM: 760-380-7355
DSN: 471-7355
E-mail: darren.loosle@nw.amedd.army.mil

Breast Health

continued from page 6

Chemotherapy is the use of drugs to kill cancer cells. Chemotherapy may be taken by mouth or it may be put into the body by inserting a needle into a vein or muscle. Chemotherapy is called a systemic treatment because the drugs enter the bloodstream, travel through the body, and can kill cancer cells outside the breast area. Hormone therapy may be given if tests show that the breast cancer cells have estrogen receptors or progesterone receptors (certain proteins in cancer tissue). Hormone therapy is used to change the way hormones in the body help cancers grow. This may be done by using drugs that change the way hormones work or by surgery to take out organs that make hormones, such as the testicles. Hormone therapy with tamoxifen is often given to patients with early stages of breast cancer.

Courtesy of the American Cancer Society and the National Cancer Institute

Realize Potential

continued from page 5

suitable to an individual's specific situation. In order to conduct a proper needs assessment, CAP works with the employees with disabilities and their supervisors. Personnel from human resources, computer support services, occupational safety, procurement, facilities management, and state and community organizations may also make valuable contributions in this decision making process.

After a needs assessment is completed, a CAP Request Form is filled out and sent to the CAP Office. CAP receives the Request Form and determines whether to approve reasonable accommodations to provide access to computer and telecommunication systems.

The CAP office is available to answer any disability and accommodations questions for all individuals in the DoD community. CAP is committed to make the DoD workplace a productive and healthy environment for all employees. For further information, please contact CAP by telephone (703-681-8813) or by email (cap@tma.osd.mil) The CAP website URL is www.tricare.osd.mil/cap.

Not Gender-Biased

continued from page 5

at Naval Medical Center, San Diego. James and Edie have been extremely active in all aspects of recovery that the center offers here. Breast cancer survivors under the direction of local artist, Ruth Dorn, have made an array of masks, constructed by creating a face mold of plaster gauze, which are then decorated with a variety of materials. The "Mask Project for Survivors" is an artistic endeavor that encourages creativity through group interaction and self-exploration. The masks are made not to conceal, but rather to reveal the inner qualities of each participant.

"Anyone can make a mask," says Dorn. "The art of mask-making captures life's learning experiences and offers an opportunity for non-verbal expression."

One of the cacti that didn't survive the fire became the eyes of James' mask.

Not only have James and Edie each made masks, they also attend the weekly exercise and counseling sessions. James is also active in spreading the word that breast cancer is not just a woman's disease and that the support that is provided by the Breast Health Center is equally vital for both genders.

Even as James professes this, he admits that if it weren't for Edie's insistence, he would not have been involved in the support side. Now acknowledging that support is critical in healing, he and Edie have committed to driving in from their home to attend and utilize the services to heal and thrive.

In the months since James' surgery, they have remained active in Imperial County, in Southern California, in their efforts to reduce hazardous waste disposal sites and mining operations. In fact, they just received word that, due to their efforts, open pit mining will be halted in Imperial County.

Unfortunately, Edie was recently scheduled for a biopsy and lumpectomy. "We have always done everything together. This is the one thing that I rather we both didn't have to go through."

Beneficiary Fraud Awareness Forum

Proposed Times: August 28, 2001 6pm - 9pm
August 29, 2001 1pm - 4pm
August 29, 2001 6pm - 9pm

Location: MCRD Auditorium
(Alternate locations are available if necessary)

Agenda:

- Fraud and Abuse Overview (similar to TBASCO training)
- Balance Billing/Violation of Participation Agreement
- TRICARE Fraud Web Page
- TRICARE Forum Web Site
- Patient Harm
- New Debt Collection Assistance
- Over 65 Benefit
- Benefit and Provider Services
- TRICARE Service Center
- Open Forum (One-on-One Question and Answer Session) People available during the open forum: Program Integrity Staff, Benefit and Provider Services, Military Liaison Branch Member, TRICARE Service Center Staff, Contractor Staff, Local HBA's, Debt Collection Officers

POC: Dan Johnson
Healthcare Fraud Specialist
Program Integrity Office
(303) 676-3551

Dan Johnson
Healthcare Fraud Specialist

San Diego's Breast Health Center Wins Award

By LCDR Gary Penton, USN

Each of us is acutely aware of the toll breast cancer takes on patients. A simple but often overlooked way to relieve the anxiety and stress that accompanies the regular and seemingly never ending chemotherapy sessions is to provide a place for patients to receive their treatment together in a warm, cheerful and comfortable setting.

"Sometimes, just the thought of going to the Breast Health Center can be quite stressful. We ensure each individual's concerns are addressed to make their visit to our clinic a pleasant and informative experience." Said Lynda Rogers, who is a research assistant in the Breast Health Center.

The concerned efforts by the staff of Naval Hospital, San Diego's Breast Health Center were recently recognized with the Admiral's cup for outstanding customer service.

"The Breast Health Center is honored to receive the Admiral's Cup for outstanding customer service. The award demonstrates the caring and commitment of our entire staff to provide excellent service to the breast health patients and family during their experience at our clinic" said Suzanne Stoddard, the Breast Health Center Customer Service Representative.

CAPT Robert Engelhart presents the Admiral's Cup to HN Denny Manning.

TRICARE-for-Life Will Be Boon For Older Vets

By Tom Philpott

Elderly beneficiaries in military managed care pro grams will be able to stay enrolled after the new TRICARE-for-Life program takes effect later this year, Defense officials announced during the annual TRICARE conference held in Washington, D.C., in late January.

Officials hope to end worries about preserving their current benefits among 33,500 elderly enrolled in the TRICARE Senior Prime demonstration, and among perhaps three times more beneficiaries enrolled in regular TRICARE Prime who are nearing age 65 and Medicare eligibility.

Both groups will be able to stay in managed care, if satisfied, Dr. J. Jarrett Clinton, assistant secretary of defense for health affairs, told the TRICARE conference.

TRICARE Senior Prime is open to elderly at 10 test military hospitals in areas that include San Diego, Colorado Springs, Colo. and Biloxi, Miss. When the demonstration ends, likely sometime next year, enrollees will be invited to stay, presumably as regular TRICARE Prime enrollees.

At the same time, beneficiaries enrolled in TRICARE Prime who will turn 65 after Oct. 1, when TRICARE-for-Life takes effect, also "can stay enrolled" in Prime, Clinton said. "We're not going to age them out."

That assumes, he added, that significant numbers of "active duty and their families" don't have to be displaced from managed care. "But I think that can be accomplished."

The fact that so many elderly need to be reassured about benefits, at a time when the overall value of health benefits for 1.5 million service elderly is set to soar, is a testament to the uncertainty and distrust that has built up among once-disenfranchised retirees. How to educate the elderly on a "wealth" of benefits coming their way was raised often during the gathering of TRICARE managers and providers from around the world.

On April 1, service elderly became eligible for the same pharmacy benefit available to under-65 retirees, their dependents and survivors. That includes a mail-order pharmacy program, a TRICARE retail drug benefit, a non-network pharmacy benefit and continued access to cost-free medications on base. Officials now have a toll-free number to answer questions about the pharmacy program:

*See **Boon**, page 14*

TRICARE-for-Life

President Clinton signed the FY2001 National Defense Authorization Act for Fiscal Year 2001, Public Law 106-398 (the Act) on October 30, 2000. The legislation included a number of health care provisions that collectively represent the most significant change to military health care benefits since the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) was established by Congress in 1966.

Key Features

- Effective April 1, 2001, the pharmacy benefit provided Medicare-eligible retirees of the uniformed services (over age 65,) their family members and survivors the same pharmacy benefit as retirees who are under age 65. It includes access to prescription drugs not only at military treatment facilities, but also at retail pharmacies and through our national mail order service program. (Section 711 of the Act.)
  - All beneficiaries who turned 65 prior to April 1, 2001, will automatically qualify for the benefit whether or not they have purchased Medicare Part B.
  - All beneficiaries, who attained the age of 65 on or after April 1, 2001, must be enrolled in Medicare Part B to receive this benefit.
- Medicare-eligible military beneficiaries become eligible for all other TRICARE benefits effective October 1, 2001. The law requires that all Medicare-eligible beneficiaries, regardless of age, must be enrolled in Medicare Part B to receive the rest of the TRICARE benefits. (Section 712 of the Act.) With enrollment in Part B, these benefits will provide the following coverage:
  - If the medical care received is a benefit of both Medicare and TRICARE, Medicare will pay the allowable amount for the care. TRICARE will pay the amount that is the Medicare cost share, as well as any Medicare deductible. Most, but not all medical services are a benefit under both Medicare and TRICARE.
  - If the medical care received is a benefit of Medicare, but NOT a benefit of TRICARE, Medicare will pay its normal amount and the beneficiary will be responsible only for the Medicare deductible and cost-share. An example of this type of care is certain types of chiropractic care that is covered by Medicare.
  - If the medical care received is a benefit of TRICARE, but NOT a benefit of Medicare, Medicare pays nothing. TRICARE will pay the amount it pays for the same service received by a retiree under the age of 65. In this case, the beneficiary must pay the applicable TRICARE cost-share and deductibles. An example of this type of coverage is the prescription drug benefit.
- The health care entitlement for Medicare-eligible beneficiaries will be funded, beginning in fiscal year 2003, through the Department of Defense Medicare-eligible Retiree Health Care Fund established by the Department of Treasury. (Section 713 of the Act.)
- The TRICARE Senior Prime demonstration program is extended through December 31, 2001. (Section 712 of the Act.)
- Active duty family members enrolled in TRICARE Prime will no longer have copayments for civilian health care services under TRICARE Prime (except prescription drugs), effective April 1, 2001. (Section 752 of the Act.)
- The TRICARE Prime Remote (TPR) program will be expanded to active duty family members throughout the continental United States by October 1, 2001. In the interim, the Department will implement a program to waive copayments and deductibles of TPR active duty family members. (Section 722 of the Act.)

*See **For Life**, page 11*

For Life

continued from page 10

- An Individual Case Management Program for Persons with Extraordinary Conditions (ICMP-PEC) was funded with a cap of $100 million. In appropriate cases, the program allows waiver of TRICARE limitations on health care coverage, including coverage of custodial care services for persons with exceptional conditions. (Section 701 of the Act.)
- The chiropractic health care demonstration became a permanent benefit for active duty personnel at designated MTFs worldwide. A five-year phased-in implementation will begin in 2001. (Section 702 of the Act.)

WHAT DO I NEED TO DO NOW?

- Enroll in Medicare Part B: Beneficiaries who have already turned 65 and do not have Medicare Part B should purchase it if they would like additional health benefits through TRICARE. Medicare allows enrollment each year from January 1 through March 31. Coverage under Part B will be effective July 1 of the same year. Beneficiaries who have not enrolled may be required to pay a surcharge (adjusted for age) to join Part B. Beneficiaries with questions regarding Medicare and Part B can visit any Social Security Administration (SSA) office, call the Social Security Administration (SSA) toll-free number, 1-800-772-1213, or call the toll-free Medicare number, 1-800-633-4227. They also can find information on the Medicare Web site at http://www.medicare.gov. Please remember that if beneficiaries age 65 and over do not have Medicare Part B, they will NOT have the TRICARE benefit to help pay the cost of their doctor and hospital bills when the new benefit begins October 1, 2001.
- Don't drop supplemental (Medigap) policies yet: Because of the delayed effective dates, any decision to drop a Medicare supplemental insurance policy (known as Medigap) based on the new law is premature. We are working with the Health Care Financing Administration (HCFA), and The Military Coalition (TMC) and the National Military & Veterans Alliance (NMVA) to provide the most accurate information on what should be considered before any supplemental policy is dropped.
- Update Information in DEERS: Beneficiaries should have up-to-date information in the Defense Enrollment Eligibility Reporting System (DEERS). In the coming months, we will mail information to beneficiaries who have received this new entitlement. To ensure that they are not overlooked, eligible beneficiaries must have the most accurate family and beneficiary data in DEERS.

Eligible beneficiaries may update their addresses in DEERS in a number of ways, listed below.

- ★ Visiting local personnel offices that have an ID card facility,
- ★ Calling the Defense Manpower Data Center Support Office (DSO) Telephone Center at 1-800-538-9552. The best time to call the Telephone Center is Wednesday - Friday, between 9 - 3 (Pacific Time) to avoid delays.
- ★ Faxing address changes to 1-831-655-8317
- ★ Mailing the change information to the DSO, Attn: COA, 400 Gigling Road, Seaside, CA 93955-6771
- ★ Visiting a military treatment facility
- ★ E-mailing information to addrinfo@osd.pentagon.mil and include the following information (users should use all lowercase letters because some e-mail systems are case sensitive.)
  1. Sponsor's Name and Social Security Number.
  2. Name(s) of other family members affected by address change.
  3. Effective date of address information.
  4. Telephone number (to include area code), if available.
- ★ To change information other than address data, however, beneficiaries may only visit an ID card facility, mail or fax changes with appropriate documentation to the address/numbers provided above. To learn what documentation is required, call an ID card facility or the DSO toll-free number, 1-800-538-9552. The hours of operation for DSO are Monday-Friday (excluding Federal Holidays), 0600-1530 (Pacific Time).

Prescriptions While Traveling

Advance Planning Is the Ticket

Planning a vacation trip soon? Getting transferred to a new station? Anytime you or a family member leave your TRICARE region, always consider your prescription medicine needs while away from home. Filling a prescription at an out-of-region pharmacy may not be what you're used to. However, with a little advance planning, you can avoid most prescription hassles while away from home.

The following tips can help make sure your medicine will not become a worry while you are on the road:

1. Use the National Mail Order Pharmacy (NMOP) ahead of time to order a three-month supply of your prescription medicines. Your doctor will need to write a new prescription for at least a 90-day supply. For more information, call the NMOP directly at (800) 903-4680, contact your local TRICARE Service Center at (800) 242-6788 or visit *www.healthnetfederalservices.com*. The NMOP can mail your medicine anywhere in the United States and your prescription(s) can be waiting for you at your destination!

2. If you are a family member and going to be away for more than a month, contact your pharmacy to obtain an early refill or a vacation override. A vacation override will allow you to pick up your medication early and provide enough to last through your vacation.

3. If you are flying, take your prescription in your carry-on luggage rather than putting it in your checked luggage.

4. If you find yourself in an emergency situation, lose your medicines or run out before the trip is over, you can purchase a short-term supply of your prescription at a local pharmacy to tide you over until you return home. This will keep your out-of-pocket costs to a minimum. Keep and submit your pharmacy receipt when filing your claim.

The TRICARE program does not allow you to walk into any pharmacy in the United States, fill a TRICARE prescription and pay only your TRICARE pharmacy cost-share or copayment. If you fill a prescription in any TRICARE region other than your home region, you will be asked to pay full price for the prescription and seek reimbursement from TRICARE when you return home. (A map of TRICARE regions is available at *www.fhfs.com* or call your TRICARE Service Center at (800) 242-6788.) This is true whether you have an emergency, you lose your medicine or you simply run out. The costs of filling a prescription may be high, especially if you or a family member needs more than one prescribed medicine.

To be reimbursed, obtain claim forms at your local TRICARE Service Center by calling (800) 242-6788, or by visiting *www.tricare.osd.mil/ClaimForms*. Remember to keep your pharmacy receipt for the prescription and include it with your claim form. Claims must be submitted within one year to:

PGBA
CHAMPUS Claims
P.O. Box 870001
Surfside Beach, SC 29587-8702

For additional TRICARE pharmacy information, contact your local TRICARE Service Center at (800) 242-6788 or visit *www.healthnetfederalservices.com*

Article courtesy of Healthnet Federal Health Services.

Mail Order Pharmacy Benefit

The Department of Defense has contracted with MERCK-Medco Managed Care to provide eligible military beneficiaries a timesaving and inexpensive mail order service for maintenance prescriptions. The National Mail Order Pharmacy Program (NMOP) affords beneficiaries convenient free delivery of these medications to a home or temporary stateside address.

You receive convenient free delivery of prescriptions to your home or a temporary address. In most cases, you may receive up to a 90-day supply of non-narcotic medications and up to a 30-day supply of narcotic medications. Also, the inventory of medications offered by the National Mail Order Pharmacy is broader than most military facility pharmacies. For further information regarding medications covered, contact Merck-Medco Customer Service at 1-800-903-4680.

You may still get prescriptions filled at the military facility pharmacy, but you shouldn't get the same prescription filled through both systems. For your safety, we maintain a computerized patient profile to ensure there are no adverse interactions or overlap with prescriptions you receive from Merck-Medco Managed Care and the military pharmacy. If questions arise about a potential adverse reaction, a pharmacist will be able to contact your doctor before you start taking the medication.

The service is free for active duty military, but there is a co-payment for active duty family members and retirees and their family members. Unlike many other mail order pharmacy programs, there is no deductible fee.

This program will adhere to the National Mail Order Program formulary. The program is for long-term prescriptions to treat conditions such as high blood pressure, asthma or diabetes. It does not cover medications used to treat conditions that require immediate attention such as some antibiotics.

Generic substitution has been the policy in military treatment facilities for the last fifteen years. However, by using only those generic medications rated by the Food and

Drug Administration as being therapeutically equivalent, DoD ensures that healthcare is not compromised. If a generic equivalent is not available, the brand name will be dispensed at no additional cost.

You may request a Patient Profile Registration Form by calling Merck-Medco's Customer Service at 1-800-903-4680. As an eligible beneficiary, you need to complete the registration form only once, when the first mail-order prescription is needed. Simply mail your prescription with the form and co-payment (if nonactive duty) to Merck-Medco Managed Care. You will receive refill slips in the mail with your prescription.

Call Merck- Medco Customer Service at 1-800-903-4680. The hours are:

Weekdays, 8:00 a.m. - 6:00 p.m., Eastern Time
Saturday, 8:00 a.m. - 6:30 p.m., Eastern Time
Sunday, 9:30 a.m. - 6:30 p.m., Eastern Time

A registered pharmacist is available for emergency consultation 24 hours a day, seven days a week. You may also contact the health benefits advisor at a military treatment facility.

SPECIAL SERVICES:

The TDD number for the hearing impaired is 1-800-873-1230. Braille container labels for the vision-impaired are available upon request with your order.

Special service hours are:
Weekdays and Saturdays, 8:00 a.m. - 8:00 p.m., Eastern time.

Navy Researchers Have Ear of World's Leading Otolaryngologists

By Doug Sayers

Researchers from Naval Medical Center, San Diego captivated an international audience at the annual meeting of the Association for Research in Otolaryngology where nine presentations were given on scientific advances being made in the treatment hearing and balance disorders.

Hearing and balance disorders can present challenges to active-duty personnel who are subject to deployment in dynamic operational environments where life and death can hinge on the ability to hear commands, or to be able to navigate on catwalks or ladders. A Sailor, Marine, soldier or airman who has a hearing loss due to a weapon's discharge, or who no longer has the ability to stand without suffering debilitating dizziness, cannot perform the duties for which he or she was trained. This represents a loss to the individual's command in an era of manning shortfalls.

Recognizing the impact on readiness and retention, researchers at Naval Medical Center San Diego formed the Spatial Orientation Center to study and treat hearing and balance disorders. Using innovative and unique procedures and protocols, the Balboa otolaryngologists and scientists have had promising results and have been able to return affected military members to their units.

The Medical Center Spatial Orientation Center clinicians, clinician-researchers, and basic scientists presented papers detailing successes such as hair cell regeneration through the use of antioxidants delivered through a specialized catheter implant. Damage to hair cells had previously been considered untreatable, leading to permanent hearing loss. Additionally, researchers showed success in treating balance disorders caused by Meniere's Disease, head trauma induced dizziness and motion sickness. Direct application of Balboa's research was shown for treating astronauts, aviators and aircrew whose careers depend on maintaining equilibrium in a tactical arena.

Lt. Cmdr. Michael E. Hoffer, a Navy doctor and research team co-leader said of the groundbreaking work done at the Spatial Orientation Center, "The level of hearing and balance research being done at this center is on par with or exceeds that being done at the finest academic centers worldwide." Hoffer continued, "Through the efforts of the Medical Center's Spatial Orientation team, we've been able to identify previously unknown causes for loss of hearing and balance, and had remarkable success in audiological recovery treatments."

As for balance disorders, according to team member, Dr. Ron Jackson, "the long term goal of the researchers is to completely characterize the body's balance system and to develop appropriate medicines to regenerate the cells responsible for balance." Jackson added that such a project has never been done before.

Army Col. Richard D. Kopke, team co-leader, pointed out that in addition to Naval Medical Center San Diego staff, cooperative efforts are under way with the Office of Naval Research, the Army, Marine Corps, NASA, and various universities and civilian institutes.

Rear Adm. Alberto Diaz Jr., commander, Naval Medical Center, praised the groundbreaking research being done at the Spatial Orientation Center. Diaz said, "It is gratifying to have world-class professionals from the Association for Research in Otolaryngology react so positively to our research. I look forward to the day when there is widespread application of our findings throughout DoD and into the civilian sector."

Boon

continued from page 9

877-DOD-MEDS (877-363-6337).

On Oct. 1, beneficiaries who have Medicare Part B will be able to seek care from civilian providers using TRICARE as a second payer plan to Medicare benefits. It's a powerful combination, said Frank Rohrbough, a health benefits expert with The Retired Officers Association. Except Part B premiums of $50 a month, plus any penalty for late enrollment, the new benefit should cover almost all health costs for most elderly patients.

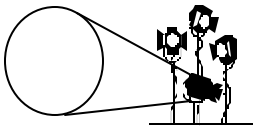
"TRICARE-for-Life is potentially better than any Medicare supplement that's out there," Rohrbough said. Combined with a new $3,000 cap on total out-of-pocket health costs for service families, the risk to retirees of dropping Medigap coverage after Oct. 1, and relying on TRICARE-for-Life, "is very, very low," he said.

A panel of congressional staffers who played key roles in shaping TRICARE-for-Life appeared at the conference to explain the legislative intent. From questions posed, some TRICARE managers clearly wanted to be assured themselves that the new benefits, expected to cost $5.2 billion a year, will be fully funded and permanent.

Robert Henke, a staff member for the Senate

*See **Boon**, page 15*

Spotlight On Military Treatment Facility, Los Angeles AFB



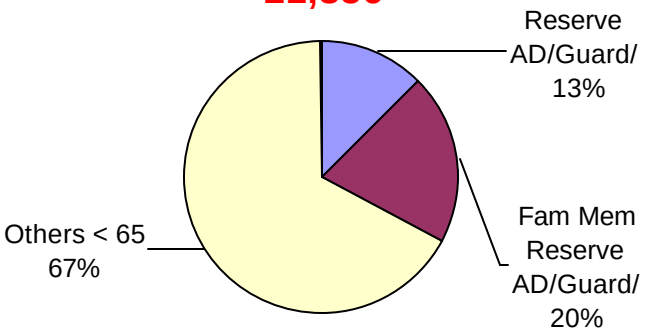
Mission: Provide training and support for peacetime and wartime contingencies, provide or arrange quality, timely, and cost effective health services, and to promote healthy lifestyles and environments through aggressive community education and monitoring.

Vision: Fully committed to unit and individual excellence; recognized as the preferred source in meeting the health care needs of our customers into the 21st century.

Medical care for Los Angeles AFB members is provided by the 61st Medical Squadron in Area B, Building 200. A satellite clinic is located at the Fort MacArthur military housing area. Emergency medical care is not available at either clinic. For life-threatening injuries, illnesses or emergencies, call 9-1-1 or proceed to the nearest civilian or military hospital emergency room.

Active Duty/Guard/Reserves:	**2,779**
Family members of Active Duty/Guard/Reserves:	**4,390**
Retirees/others:	**7,179+7,508**
TOTAL:	**21,856**

FY 2001 Eligible Population 21,856



Boon

continued from page 14

Appropriations Committee, said the question for lawmakers this year is "how we pay for it, not shall we pay for it ...What weapon system or systems do we defer?"

Ed Wyatt, staff expert on health care for the House Armed Services Committee, suggested that legislation to give military retirees another option — enrollment in the Federal Employees Health Benefit Program — will not get serious consideration this year.

"Let's take a pause, pay for what we (passed)," he said.

In announcing that elderly now enrolled in managed care will get to stay, Clinton and staff couldn't say when or how they would be prepared — or funded — to open TRICARE Prime enrollment to other Medicare-eligible retirees.

Indeed, Clinton cautioned hospital commanders and TRICARE managers about the higher costs and staff time needed to care for the elderly, suggesting the mix of enrolled beneficiaries will have to be determined locally, based on readiness and available resources.

"We're excited about the opportunity to have that age distribution not stop at 65 in our medical treatment programs. But you need, in every facility, to think through exactly what that means given your capital, structure and capacity," Clinton said.

Persons 65 and older require "two to three times more medical care than the population we are traditionally associated with," he said.

Departmental Focus: Telemedicine And Technology Assessment Office

Photo by LCDR Gary Penton, USN

Front left to right: Andy Bedford, Kenneth Carriger, LT Angelic Donovan, John Train, Lt. Col. Kerry Larson; rear left to right: HM2 Frank Bachmeier, Chris Morgan, David Hernandez, Bill Lammie.

The Telemedicine and Technology Assessment Office (TTAO) coordinates a regional Telemedicine program and facilitates electronic communication and distance learning via the World Wide Web and video teleconferencing.

Mission

Our long-term goal is to showcase the power of Telemedicine in a managed care environment by increasing readiness, improving access to care, and reducing the cost of delivering that care.

Vision

"The TTAO will become the recognized leader in DoD for implementation of Telemedicine and Tele-education technologies."

Introduction

TRICARE Region Nine is geographically diverse. It ranges from major metropolitan regions to desert outposts making Region Nine very well suited for a telemedicine program. Currently, there are over 629,824 beneficiaries in TRICARE Region Nine including 140,539 on active duty.